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**** CONTINUING DATA *******
 This appln claims benefit of 60/117,079 01/25/1999
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 6
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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TITLE
 SURGICAL INSTRUMENT WITH IMPROVED HANDLE ASSEMBLY

FILING FEE RECEIVED 660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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